

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. <i>10/615695</i>	FILING DATE
APPLICANT(S)	

2/23/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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50						
TOTAL IND.			3			
TOTAL DEP.			8			
TOTAL CLAIMS			11			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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